

07/20/01
J1025 U.S. PTO

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Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.
		First Inventor or Application Identifier
		Title
		Express Mail Label No.

APPLICATION ELEMENTS		ADDRESS TO:
See MPEP chapter 600 concerning utility patent application contents.		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231

1. * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Specification [Total Pages 12]
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. Drawing(s) (35 U.S.C. 113) [Total Sheets 2]
4. Oath or Declaration [Total Pages 2]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

5. Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Copy
 - b. Paper Copy (identical to computer copy)
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS	
7. <input type="checkbox"/>	Assignment Papers (cover sheet & document(s))
8. <input type="checkbox"/>	37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) <input type="checkbox"/> Attorney
9. <input type="checkbox"/>	English Translation Document (if applicable)
10. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
11. <input type="checkbox"/>	Preliminary Amendment
12. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
13. <input checked="" type="checkbox"/>	* Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired
14. <input type="checkbox"/>	Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. <input type="checkbox"/>	Other:

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No. _____
---------------------------------------	-------------------------------------	---	--------------------------------

Prior application information: Examiner _____ Group / Art Unit: _____

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)			<input type="checkbox"/> or <input type="checkbox"/> Correspondence address below	
Name	PAUL DOWNS				
Address	P.O. BOX 3191				
City	BEVERLY HILLS	State	CA	Zip Code	90212
Country	LOS ANGELES	Telephone	(310) 397-2032		Fax

Name (Print/Type)	PAUL DOWNS	Registration No. (Attorney/Agent)	
Signature			
	Date		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEET TRANSMITTAL

for FY 2000

Patent fees are subject to annual revision.

Small Entity payments **must** be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	
Examiner Name	
Group / Art Unit	
Attorney Docket No.	

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number Deposit Account Name

Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee	Fee Description	Fee Paid
101	690	201	345	Utility filing fee
106	310	206	155	Design filing fee
107	480	207	240	Plant filing fee
108	690	208	345	Reissue filing fee
114	150	214	75	Provisional filing fee

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	-20**	=	X	Fee from below	Fee Paid
Independent	- 3**	=	X		
Multiple Dependent			X		

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee	Fee Description	
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
134	250	204	130	Multiple dependent claim, if not paid
109	78	209	39	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

3. ADDITIONAL FEES

Large Entity Small Entity	Fee Code (\$)	Fee Code (\$)	Fee	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	190	Extension for reply within second month	
117	870	217	435	Extension for reply within third month	
118	1,360	218	680	Extension for reply within fourth month	
128	1,850	228	925	Extension for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per. property (times number of properties)	
146	690	246	345	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	690	249	345	For each additional invention to be examined (37 CFR § 1.129(b))	

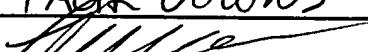
Other fee (specify) _____

Other fee (specify) _____

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type)	PARK DOWNS	Registration No. (Attorney/Agent)		Telephone	(310) 397-2032	
Signature					Date	7/16/2001

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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PAUL DOWNS
P.O. BOX 3191, BEVERLY HILLS, CA 90212

ASSISTANT COMMISSIONER FOR PATENTS
BOX PATENT APPLICATION
WASHINGTON, D.C. 20231

July 16, 2001

RE: UTILITY PATENT APPLICATION

APPLICANT: Thomas Paul Downs

FOR: PROTECTIVE DIVIDER AND ENCLOSURE DISC ASSEMBLY
FOR LASER DISCS AND LASER DISC DRIVES.

Dear Assistant Commissioner,

Enclosed are the following:

Utility Patent Application Transmittal Form SB/05.

Statement Claiming Small Entity Status Form SB/09.

Fee Transmittal Form SB/17.

Postal Money Order # 02514542578 in the amount of: \$345.00

Signed Oath Letter.

Signed Notary Public Letter.

Specification, (pages numbered).

Claims, (each claim and page numbered).

Drawings, (each Fig., and page numbered).

Self addressed stamped postcard to return as my receipt.

Very truly yours,


Paul Downs